



NOTICE TO CHARGEBACK STUDENTS

To be eligible for a chargeback, a student **must** be a matriculated student at an out-of-county NJ community college (attending institution) in a program not offered at Sussex County Community College (the home community college). *"Students required to enroll in remedial courses in two or more basic skills area, as determined by the attending institution's placement tests, shall complete the remediation in the home community college before being eligible for chargeback."* N.J.S.A. 18A:64A-23

Step 1: Complete all personal information sections of Forms A & B.
A COMPLETE SET OF CHARGEBACK PAPERWORK MUST BE SUBMITTED FOR EACH SEMESTER

Step 2: Have the bottom section of Form B (The DECLARATION OF MAJOR) signed by a representative of the Attending school **BEFORE** bringing sending forms to SCCC for approval. A 'Letter of Acceptance' into a specialized program can also be accepted in lieu of the Declaration of Major section.

Step 3: Items needed for APPROVAL:

- Forms A & B completed by student & attending school
- Printed copy of your bill/schedule showing your course(s) for the semester
- Printed copy of proof of Sussex County residency (driver's license/utility bill/etc.)

Step 4: Email these completed forms to: Maureen Lynch (MLynch@sussex.edu) for approval

Step 5: Once all approvals are obtained - we will email these forms back to you for you to submit to your institution.

If you make any changes (add/drop classes) to your schedule, you MUST submit a revised schedule to SCCC. You may send to MLynch@sussex.edu (Maureen Lynch). You DO NOT need to complete a new set of forms.

PLEASE NOTE: ONLY ONE (1) DEVELOPMENTAL/REMEDIAL COURSE WILL BE COVERED UNDER THE CHARGEBACK PROCESS. (unless otherwise eligible)

If you need further assistance, please contact

Maureen Lynch at 973-300-2150 or Karen Unrath 973-300-2112 for help.



Form A

Date: _____

Certificate of Eligibility for Chargeback Assistance (Pursuant to N.J.S.A 18A:64A-23)

Name of Student: _____

Address: _____

City: _____ State: _____ Zip Code: _____

EMAIL: _____

County of **Sussex** Student Phone: _____ Social Security Number: _____

College Attending: _____

Semester: Year: _____ Term (circle one): FALL WINTER SPRING SUMMER I II Other

Program/Course of Study: _____

Reason for Chargeback Approval: **Program(s) not offered at SCCC**

*CHARGEBACK APPROVAL IS NOT FINAL UNTIL ALL FORMS ARE COMPLETED AND ON FILE AT SUSSEX COUNTY COMMUNITY COLLEGE. **SCCC WILL NOT PAY FOR REPEATED COURSES.***

OR

Sherry Fitzgerald, Associate VP of Academic Affairs,
Dean of Arts and Humanities
Jason Fruge, Dean of Technical Occupations

Nancy Gallo, Dean of Professional Studies,
Social Sciences and STEM

Certificate of Residence and Purposes of Chargeback (Pursuant to N.J.S.A 18A:64A-23)

On the basis of sworn statement and evidence submitted to me, I hereby certify that

_____ is a resident of Sussex County, and signify Sussex County's acceptance of responsibility to pay its share of operating costs at the college attended, pursuant to the provisions of the above-named law.

Date

Ketan Gandhi, Chief Financial Officer

